

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for NCV testing, physical therapy, office visits, and an FCE.
- b. The request was received on August 20, 2002.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA's
 - c. EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA's
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on September 10, 2002. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on September 10, 2002. The response from the insurance carrier was received in the Division on September 24, 2002. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Rationale on table of disputed services states, "Fee Reimbursement Dispute."

2. Respondent: Rationale on table of disputed services states, "Fair & Reasonable Reimbursement made per rule 413.011(b) Tx. Labor Code and 133.304(i) and 1330305(i)(G)."

IV. FINDINGS

- Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on August 17, 2001 and extending through December 31, 2001.
- EOBs were not submitted by either party; therefore, disputed dates of service will be reviewed per the *1996 Medical Fee Guideline* and TWCC Rules.
- Respondent has used the rationale of fair and reasonable reimbursement; however, all services rendered to injured worker have a MAR value and will be reviewed accordingly.
- The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
08/17/01	95900wp (4)	\$256.00	\$0.00	EOB not submitted	\$64/nerve x 4 = \$256.00	MFG, MGR (IV)(D) CPT descriptor Rule 408.021(a)	NCV report submitted by requestor supports reimbursement. Therefore, reimbursement in the amount of \$256.00 is recommended.
08/17/01 08/20/01 08/24/01 08/27/01 08/29/01 08/31/01 09/04/01 09/05/01	97035 (2) 97035 (2) 97035 (2) 97035 (2) 97035 (2) 97035 (1) 97035 (2) 97035 (2)	\$44.00 \$44.00 \$44.00 \$44.00 \$44.00 \$22.00 \$44.00 \$44.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	EOB not submitted	\$22.00/unit x 15 = \$330.00	MFG, MGR (I)(9)(a)(iii) CPT descriptor Rule 408.021(a)	Daily notes submitted by requestor supports reimbursement. Therefore, reimbursement in the amount of \$330.00 is recommended.
08/17/01 08/20/01 08/21/01 08/29/01	97250 97250 97250 97250	\$43.00 \$43.00 \$43.00 \$43.00	\$0.00 \$0.00 \$0.00 \$0.00	EOB not submitted	\$43.00/unit x 4 = \$172.00	MFG, MGR (I)(9)(c) CPT descriptor Rule 408.021(a)	Daily notes submitted by requestor supports reimbursement. Therefore, reimbursement in the amount of \$172.00 is recommended.
08/17/01 08/20/01 08/21/01 08/24/01 08/27/01 08/31/01 09/04/01 09/05/01	97530 (2) 97530 (2) 97530 (1) 97530 (2) 97530 (2) 97530 (2) 97530 (2) 97530 (2)	\$70.00 \$70.00 \$35.00 \$70.00 \$70.00 \$70.00 \$70.00 \$70.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	EOB not submitted	\$35.00/unit x 15 = \$525.00	MFG, MGR (I)(11)(b) CPT descriptor Rule 408.021(a)	Daily notes submitted by requestor supports reimbursement. Therefore, reimbursement in the amount of \$525.00 is recommended.

08/17/01 08/20/01 08/21/01 08/24/01 08/27/01 08/29/01 08/31/01 09/04/01 09/05/01	97110 (3) 97110 (3) 97110 (1) 97110 (3) 97110 (3) 97110 (3) 97110 (3) 97110 (3) 97110 (3)	\$105.00 \$105.00 \$35.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00 \$105.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	EOB not submitted	\$35.00/unit x 25 = \$875.00	MFG, MGR (I)(9)(b) CPT descriptor Rule 408.021(a) Rule 413.016	See rationale below.
08/29/01 08/31/01	97035 (2) 97035	\$44.00 \$22.00	\$0.00 \$0.00	EOB not submitted	\$22/unit x 3 = \$66.00	MFG, MGR (I)(9)(a)(iii) CPT descriptor Rule 408.021(a)	Daily notes submitted by requestor supports reimbursement. Therefore, reimbursement in the amount of \$66.00 is recommended.
08/31/01	95904 wp (5)	\$320.00	\$0.00	EOB not submitted	\$64/nerve x 5 = \$320.00	MFG, MGR (IV)(D) CPT descriptor Rule 408.021(a)	Daily notes submitted by requestor supports reimbursement. Therefore, reimbursement in the amount of \$320.00 is recommended.
10/08/01 11/29/01 12/13/01	99213 99213 99213	\$48.00 \$48.00 \$48.00	\$0.00 \$0.00 \$0.00	EOB not submitted	\$48.00 x 3 = \$144.00	MFG/E/M Ground Rule (IV)(C)(2) & VI(B) CPT descriptor Rule 408.021(a)	Medical progress notes submitted by requestor supports level of service billed; therefore, reimbursement in the amount of \$144.00 is recommended.
12/31/01	97750 FC	\$200.00	\$0.00	EOB not submitted	\$100/hr x 2 = \$200.00	MFG, MGR (E)(2)(a) Rule 408.021(a)	FCE reports submitted by requestor supports level of service billed; therefore, reimbursement in the amount of \$200.00 is recommended.
Totals		\$2,888.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$2,013.00

V. RATIONALE

Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section as well as analysis from recent decisions of the ___ indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one". Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. Documentation does not clearly delineate exclusive one-on-one treatment; therefore, MDR declines to issue reimbursement for CPT code 97110 for disputed dates of service August 17, 2002 through September 5, 2002

The above Findings and Decision are hereby issued this 18th day of February 2003.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$2,013.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

This Order is hereby issued this 18th day of February 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

MF/mf